

TOWN OF SOUTHERN SHORES EMPLOYMENT APPLICATION An Equal Opportunity Employer

Applications may be mailed or hand delivered to:

CURRENT INFORMATION

If YES, please explain under EXPLANATIONS.

Town of Southern Shores, Attn: Bonnie Swain 5375 N. Virginia Dare Trail, Southern Shores, NC 27949

Fill out all sections **COMPLETELY** and to the best of your ability. Your application will be used as part of the examination process and, therefore, should represent your best effort. **Unsigned or incomplete applications will not be considered**. Once submitted, application materials become the property of the Town. An application must be received in Town Hall by 5 pm on the closing date posted to ensure consideration. The Town does **not** accept FAXED applications. Photocopied applications must have an original signature and current date. If a position is posted as "may close without notice," **APPLY IMMEDIATELY**.

(1) POSITION TITLE				DATE:	
(2) When will you be	available for employment	? (i.e. immediately, 2 we	eks notice)		
(3) Are you seeking	[] Full-time regular	[] Part-time regular	[] Temp./prefer re	egular [] Tempora	ary Only
(4) NAME:					
	(Last)	(First)		(Middle)	
(5) ADDRESS:	Street & No. or P.O. Box	City		State	Zip
(6) HOME TEL # (BUS. TELEF	PHONE # ()		
E-MAIL ADDRES	SS		(if applica	ıble)	
(7) Are you 18 or old	ler?[]Yes[]No If NO,	what is your birth date?			
GENERAL II	NFORMATION				
If you need to explain a	any answer, use the space ur	nder EXPLANATIONS near	the end of this applica	ition.	
(8) Apart from abser	nces for religious observan	ces, check conditions th	at you are willing to a	accept.	
Occasional: Regular: Frequent	[] night work [] wee	ekend work [] overtime ekend work [] overtime ekend work [] overtime	[] rotating shifts [] "on-call"	
	een employed with the Tovit department and when:		[]Yes []No		
	ed to the Town of Southern ate what position and whe				
(11) Are you willing t	o accept a salary within th	e advertised normal star	ting salary range? []Yes []No	
	were you previously relate name, relationship and de				Yes []No
(13) Are you able to	perform all of the duties of	the job you have applie	d for?] Yes [] No	
record will not neces	been convicted of a felony sarily exclude you from enthe offense, and nature of	nployment. Factors such	as age at time of off		n efforts,
(15) Are you an Ame	erican citizen or do you cur	rently have authorization	n to work in the U.S.?	? []Yes [] No
(16) Did you receive	any of your education or e	amployment experience	under another name	2 [] 20	1 No

EDUCATION Provide your complete history

If YES, indicate the class_____

1 10410	ue youi	complete mistory						
(17) In	dicate hi	ghest school year completed	l: (i.e. 8, 12, 16	6)				
(18) Na	ame of H	ligh School		Cit	y		State	
(19) Ha	ave you	received a high school diplor	na or equivale	nt? []	Yes [] No			
Educat Beyond High S	d	Name and Location		ended rom Mo. Yr.	Did You Graduate?	Credit Hours	Degree, Diploma, Certificate Earned or # of Yrs.	Major Minor
College Univers					Yes No			
Gradua Profess School	sional				Yes No			
Techni Institut Interns Other	tes,				Yes No			
(23) (a) (b) (c) (d)	Please are app secreta	list any knowledge, skills, or olying. Include skills with equarial/clerical position, indicate	abilities you h uipment or ma typing speed	nave that you chines you and word p(e)(f)(g)(h)_	can operate.	If you wis	sh consideration for a	used.
(24)	List fiel	ds of work for which you hav	ve been reaiste	ered. licens	ed or certified	:		
()		ration:	· ·	·			Exp. Date:	
		ration:					Exp. Date:	
(25)	Please	list your VALID DRIVER'S Is license, please put "NONE"	LICENSE NUN	IBER and	the state in wh	nich it was		
(26)	ls your	driver's license a Commerci	al Driver's Lice	ense? []	Yes []No			

(27) Do you claim preference as a qualified eligible Veteran? [] Yes [] No If Yes, attach DOD Form DD-214 and other documentation as requested by the Human Resources Officer.

EMPLOYMENT

Record your complete work history in the spaces below. If needed, additional sheets containing the same information and in the same format are acceptable. BEGIN with your current or most recent position. Include military and related volunteer experience. Be sure to account for gaps in your employment history. ALL SPACES MUST BE COMPLETED OR MARKED N/A (not applicable). "See attached resume" is NOT acceptable in the duties space.

A. CURRENT OR MOST RECEN	Γ EMPLOYMENT (or expl	lain gap in employment)	
JOB TITLE		Starting Salary	Last Salary
Date employed	Date Separated		
Date employedEmployer or company			
Employer or company address			
Name and Title of most current superv	/isor		
Name and Title of most current supervisions Full-time for: Yrs Mos Part-t	ime for: Yrs Mos# of	f employees supervised by you	
If you worked part-time, the number of	f hours worked per week		
DUTIES IN ORDER OF IMPORTA	NCE		
REASON FOR LEAVING or desiring a	a change		
B. NEXT MOST RECENT EMPLO	•		
	,		
JOB TITLE		Starting Salary	Last Salary
Date employed	Date Separated	<u> </u>	
Employer or company		Telephone # ()	
Employer or company address			
Name and Title of most current supervisions Full-time for: Yrs Mos Part-t	visor		
Full-time for: Yrs Mos Part-t	ime for: Yrs Mos# of	f employees supervised by you	
If you worked part-time, the number of	f hours worked per week		
DUTIES IN ORDER OF IMPORTA	NCE		
REASON FOR LEAVING			
C. NEXT MOST RECENT EMPLO	YMENT (or explain gan	in employment)	
		,	
JOB TITLE		Starting Salary	Last Salary
Date employed	Date Separated		
Employer or company		Telephone # ()	
Employer or company address			
Name and Title of most current superv	visor		
Name and Title of most current supervised Full-time for: Yrs Mos Part-t	ime for: Yrs Mos# of	f employees supervised by you	
If you worked part-time, the number of	hours worked per week		
DUTIES IN ORDER OF IMPORTA	NCE		
REASON FOR LEAVING			
REASON FOR LEAVING			
D. NEXT MOST RECENT EMPLO	YMENT (or explain gap	in employment)	
IOR TITLE		Starting Salany	Last Salary
JOB TITLE Date employed	Data Caparatad	Starting Salary	Last Salary
Employer or company	Date Separated	Tolophono # /	
Employer or company		ı eleprione # ()	
Employer or company address	do o r		
Name and Title of most current supervisuall-time for: Yrs Mos Part-t	/ISUI	f omployees our emile as become	
Full-time for: Yrs Mos Part-t	ime for: Yrs ivios# of	r employees supervised by you	
If you worked part-time, the number of	nours workea per week		
DUTIES IN ORDER OF IMPORTA	ANCE		
DE LOCAL EGO LE COMO			
REASON FOR LEAVING			

E. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment) JOB TITLE ____Starting Salary_____Last Salary_____ Date Separated Date employed Employer or company ____ Employer or company address Name and Title of most current supervisor Full-time for: Yrs ____ Mos ___ Part-time for: Yrs ___ Mos ___ # of employees supervised by you____ If you worked part-time, the number of hours worked per week DUTIES IN ORDER OF IMPORTANCE REASON FOR LEAVING F. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment) Starting Salary Last Salary JOB TITLE Date employed______ Date Separated__ Employer or company _____ Employer or company address Name and Title of most current supervisor _____ Hos ____ # of employees supervised by you ______ If you worked part-time, the number of hours worked per week_____ DUTIES IN ORDER OF IMPORTANCE _____ REASON FOR LEAVING (28) Have you had disciplinary action taken against you in the past 12 months? ? [] Yes [] No If YES, explain under EXPLANATIONS. (A YES will not automatically disqualify you.) (29) Have you ever been dismissed or forced to resign from any job held? [] Yes [] No a.) Were you dismissed or forced to resign for disciplinary reasons? [] Yes [] No If YES to "a", explain under EXPLANATIONS. (A YES will not automatically disqualify you.) **EXPLANATIONS** ITEM# ---ITEM# ITEM #_____ ITEM # _____ Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING. Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. Yes No Personal / Professional References List two people who are not related to you and are not a previous employer and who have definite knowledge of your qualifications for the position for which you are applying. TELEPHONE NUMBER NAME YEARS KNOWN

Certification and Release (MUST BE SIGNED AND DATED BELOW)

- To the best of my knowledge and belief, the information given truly represents my background and experience. I understand that if I have knowingly or negligently misrepresented, falsified or omitted any information during the application process, or have made any changes to the format or wording of this application form, I may be disqualified for employment consideration or dismissed from employment with the Town.
- I authorize my current and former employers to give any information regarding me or my employment, whether or not it is on their records. I hereby release them from any damage whatsoever for issuing same.
- I also authorize educational institutions which I attended to reveal my scholastic ratings, as well as degrees or certificates earned, to the Town of Southern Shores; and associations, registration and licensing boards and to others to furnish whatever detail is available concerning my qualifications. Notwithstanding any provision of State or Federal law, I expressly waive any right I have to review information the Town receives from an employer or educational institution under a promise of confidentiality.
- I also permit the Town of Southern Shores to conduct a Police, Court, Credit and/or Motor Vehicle Records Investigation of my background, which will be evaluated in relation to the job for which I am applying.
- I understand that if I apply or have applied for certain jobs, I may be tested for drug and alcohol use to determine if I am currently abusing these
 substances. I consent to the testing and understand that the results could preclude my appointment.
- I understand and acknowledge that should I be employed by the Town of Southern Shores, then I serve "at will". This means that I may be terminated at any time with or without cause. I further understand that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically approved by the Town Manager.

SIGNATURE	DATE
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